| PATENT APPLICATION FEE DETERMINATION RECOI |   |   |                       |                      |                           |                  |               | Application or Docket Number 10/623897 K-1768 |               |                 |            |               |  |
|--|---|---|-----------------------|----------------------|---------------------------|------------------|---------------|---|---------------|-----------------|------------|---------------|--|
|  | CLAIMS AS FILED - PART I  |   |                       |                      |                           |                  |               | SMALL   | ENTITY        |                 |            | ER THAN       |  |
| r  | TOTAL CLAIM   | S   | (Colu                 | ma 1)                | (Co                       | (Column 2)       |               | TYPE  |               |                 |            | LENTITY       |  |
| H  | FOR   |   |                       | NAMBER FILED         |                           | AMBÉR EXTRA      |               | RATE  |               | -               | RATE       | _             |  |
| 1  | TOTAL CHARG   | 1-1   | 17 - minus 20 - *     |                      | TOTAL SECTION             |                  | BASIC F       | 1   |               | PASIC FI        | 750.00     |               |  |
| H  | INDEPENDENT CLAIMS  |   |                       | 3 minus 3 =          |                           |                  |               | X\$ 9=  | <u>:</u>      | _ 0             | X\$18-     | <u> </u>      |  |
| n_   | MULTIPLE DEPENDENT CLAIM PS   |   |                       |                      |                           |                  | X42           |   |               | _ 0             | X84=       |               |  |
|  |   |   |                       |                      |                           |                  |               |   | 1             | OF              | +280=      | 1             |  |
|  | * If the difference in column 1 is less than zero, enter "0" in column 2  |   |                       |                      |                           |                  | •             | TOTAL   |               | ]of             | TOTAL      | 250           |  |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |   |                       |                      |                           |                  |               | CMAI (  | LENTITY       | _               |            | RTHAN         |  |
| F  |   | CLAHAS                                      |                       | HIGHE                | (Column 2) HIGHEST NUMBER |                  | ır            | SMALL   | ADDI          | _               | SMALL      | ENTITY ADDI-  |  |
| 葛  |   | AFTER<br>AMENOMENT                          |                       | PREVIO               | USLY                      | PRESENT<br>EXTRA | ŀ             | RATE  | TIONA         | 4               | RATE       | TIONAL        |  |
| AMENDMENT A                                | Total   | . 17  | Minus                 | - 2                  | 0                         | - 0              | lt            | X\$ 9=  |               | J <sub>OR</sub> | X\$18=     | 1             |  |
|  | Independent   | · 3   | Minus                 | <u> </u>             | 3                         | - 0              |               | X420  |               | OR              | X84a       | 1             |  |
| L  | THIS PHES   | ENTATION OF M                               | ULTIPLE D             | EPENDENT             | CLAIM                     |                  |               | +140=   |               | 7               | +280=      | <del> </del>  |  |
| -  |   |   |                       |                      |                           | •                | L             | TOTAL   |               | OR              | TOTAL      |               |  |
| _  | 3/11/os   | (Column 1)                                  |                       | (Column              | n 2\                      | (Column 3)       | A             | DOTT. FEE                                     | <b></b>       | _loa            | ADDIT, FEE |               |  |
| MENDMENT B                                 |   | CLAIMS .<br>REMAINING                       |                       | HIGHE!               |                           | PRESENT          | Г             |   | ADDI-         | 7               |            | ADDI-         |  |
|  |   | AFTER<br>AMENDMENT                          |                       | PREVIOU<br>PAID FO   |                           | EXTRA            | L             | RATE  | TIONAL<br>FEE | 1               | RATE       | TIONAL        |  |
|  | Total   | . /7  | Minus                 | -2                   | 0                         | •                | Γ             | xe&5  |               | OR              | X\$165     |               |  |
| 7  | Independent<br>FIRST PRESE  | NTATION OF ME                               | Minus<br>II TIDI E DE | DENDENG C            | 3                         | •-               | r             | x42-0   |               | OR              | xoZ-co     |               |  |
| -  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                       |                      |                           |                  |               |   |               | OR              | +280=      |               |  |
| ,  | 1/4/05  | •   |                       |                      |                           | •                |               | TOTAL   |               | OR              | TOTAL      |               |  |
| _  | 7/9/10  | (Column 1)                                  |                       | (Column              |                           | Column 3)        | ADI           | DIT. FEE I                                    | <del></del>   |                 | LODIT. FEE | -             |  |
| D.   |   | CLAIMS<br>REMAINING<br>AFTER                |                       | HIGHES<br>NUMBER     |                           | PRESENT          | Г             |   | ADDI-         | l               |            | ADDI-         |  |
| ENDMEN                                     |   | AMENDMENT.                                  |                       | PREVIOUS<br>PAID FOI | R                         | EXTRA            | Ľ             | MTE   | TIONAL<br>FEE |                 | RATE       | TIONAL<br>FEE |  |
|  | Total<br>Independent  | - 13  | Minus                 | - 20                 |                           |                  | ×             | 390   |               | OR              | X\$16#     |               |  |
| 31   |   | VITATION OF MU                              | Minus<br>LTIPLE DET   | PENDENT CL           |                           |                  | F             | 1125  |               | OR              | X84-       |               |  |
|  | -   |   |                       |                      | _                         |                  |               | 40=   |               | OR              | +260-      |               |  |
| W  | If the entry in column 1 is less than the entry in column 2, write 'th' in column 3.  "If the "Highest Humber Proviously Paid For' IN THIS SPACE is less than 20 agrees "In a |   |                       |                      |                           |                  |               |   |               | UB E            | TOTAL      | —             |  |
|  |   | ther Previously Paid<br>for Previously Paid |                       |                      |                           |                  | ADO<br>i brus | IT. FEE L<br>I the appr                       | cortate bis   |                 | ner real   |               |  |
|  | TOOL OF THE   |   |                       |                      |                           |                  |               |   |               |                 |            |               |  |

## This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

□ BLACK BORDERS
□ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
□ FADED TEXT OR DRAWING
□ BLURRED OR ILLEGIBLE TEXT OR DRAWING
□ SKEWED/SLANTED IMAGES
□ COLOR OR BLACK AND WHITE PHOTOGRAPHS
□ GRAY SCALE DOCUMENTS
□ LINES OR MARKS ON ORIGINAL DOCUMENT
□ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY

## IMAGES ARE BEST AVAILABLE COPY.

OTHER:

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.